

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 587409

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18	1		1			
19		1				
20		2				
21		3				
22		4				
23	1		1			
24		1				
25		2				
26		3				
27		4				
28		5				
29		6				
30		7				
31		8				
32		9				
33	1		1			
34		1				
35		2				
36		3				
37		4				
38		5				
39		6				
40		7				
41		8				
42		9				
43		10				
44		11				
45		12				
46		13				
47		14				
48		15				
49		16				
50		17				
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		33	←		←
TOTAL CLAIMS		38				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						